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AYURVEDIC CONCEPT OF BHAGANDRA

Sunil Kumar Jaiswal

Assistant Professor, Department of Shalya, Jeevak Ayurvedic Medical College (U.P.), E-mail: drsuniljaiswal@gmail.com

Abstract: Bhagandra is commonest disease occurred in anorectal region. Sushruta, the father of surgery has described every details of the disease. He has described this disease as one of the mahagada i.e. very difficult to cure. He has given elaborative description of Aetiopathogenesis, Clinical presentation, complication management and various other aspects of Bhagandra.

Acharya Charaka has given reference of Bhagandra in Sotha Chikitsa chapter and he mentioned only nidanasamprapti and chikitsa of Bhagandra. Madavkar and Bhavprakash have followed Sushruta in description and classification.

Keywords: Bhagandra, guda, ksharsutra, nidana, samprapti.

Introduction: The word Bhagandra contains two constituents, the first Bhaga and second is Daran which are derived from root Bhaj and Dri respectively. The Bhaga has different meanings as described by different authors.

- In Rigveda Bhaga is described among 12 Adityas.
- In Aitreyabrahman means Fortune and Prosperity
- The commentator of Madavnidan, Vijayrakshita and Srikanthadatta have told that three structure named Bhaga (vagina), Basti (urinary bladder) and Guda (anorectal region) called as Bhaga^[1]
- Bhavmishra has mentioned as synonym for Yoni (vagina) and Mehana (penis). The second word Daran means splitting of a surface or a opening associated with pain^[2].

All the three books of Brihatrayee has described the Bhagandra in its own way. Charaka more elaborately described about the nidana of Bhagander. He said that it is a very painful pidika which occurs around the guda and the cause of it is krimi infestation, due to tissue injury from bone and trina ingestion in diet, excessive sexual indulgence, prahavan, utkutkashan and pristayan. When these pidika

burst form the Bhagander^[3]. Sushruta has differentiated the Bhaganderpidika with the other pidika of the same region he said that pidika placed superficially and heals quickly while Bhaganderpidika have just reverse of it^[4].

Vagabhatta Elaborately Described all the aspects of Bhagandar⁵

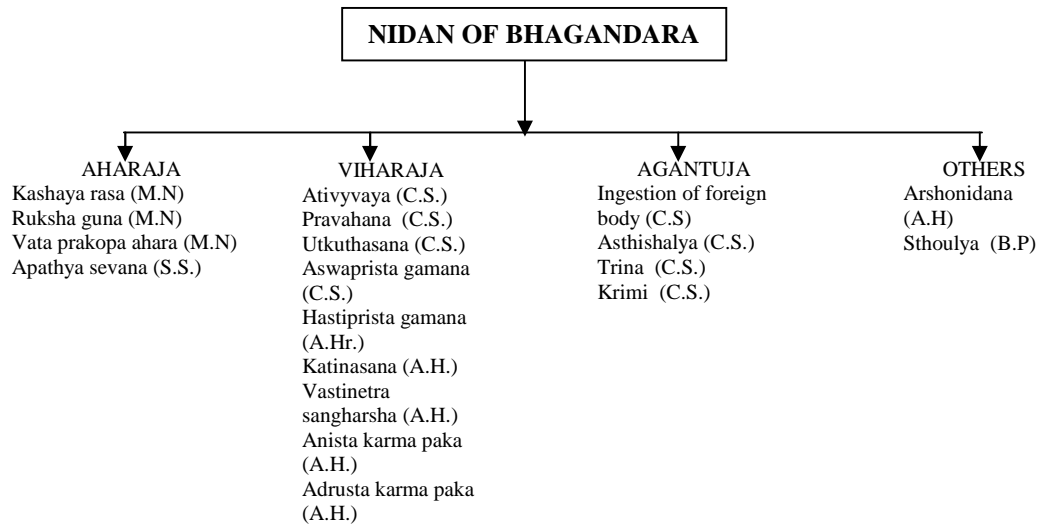
- Bhagandarpidika appears only one or two fingers around the guda
- These are caused due the dusti of twaka and mams
- These pidika constantly discharge due to proximity to bast
- The vata, mutra, sakrit, shukra discharge from the external opening.

The causative factors of Bhagandara may be classified into two groups. They are: 1. General causes, 2. Specific Causes.

1. General Causes: It has been mentioned by different authors in different ways. These causes are pertaining to all varieties of bhagandara.

2. Specific Causes: While in specific type of bhagandara has specific aetiological factors responsible for the provocation of respective dosha different authors have summarized the general causes of bhagandara as follows

Nidan of Bhagandara

**Samprapti**

Nidana : Mithyahrvihar, apathyasevana

Pradhana Dosha: Vata

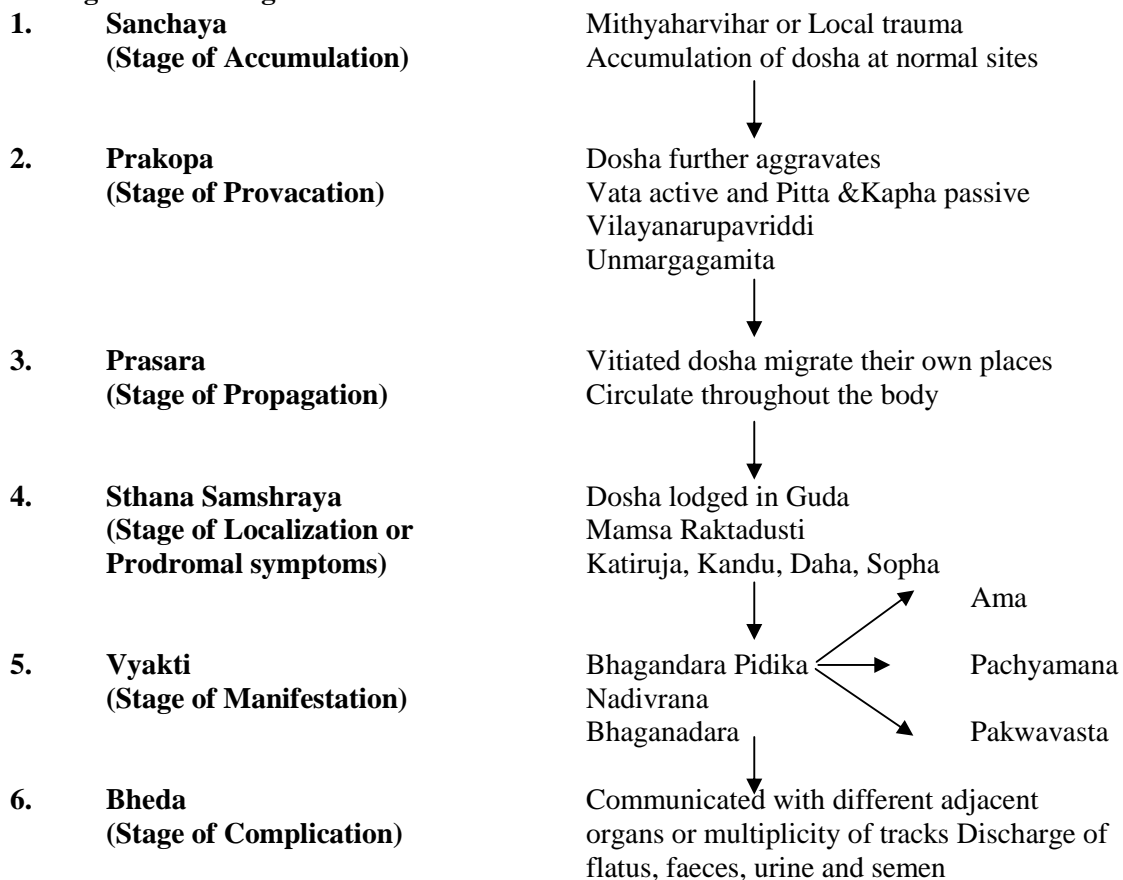
Anubanda Dosha: Pitta kapha

Dushayamamsa: Rkta

Adhsthana: Guda

Sushruta has described manifestation of any disease in 6 stages i.e. Shatkriya Kala. It may be prevent as well as treated according to its clinical

manifestation. The pathogenesis of Bhagandara can be explained as follows.

Pathogenesis of Bhagandar ^[4]

Classification of Bhagandara in Ayurvedic Classics

S. No.	Bhagandara	S.S.	A.S.	A.H.	M.N.	S.S.	B.P.	Y.R.
1.	Shataponaka	+	+	+	+	+	+	+
2.	Ushtragreeva	+	+	+	+	+	+	+
3.	Parisravi	+	+	+	+	+	+	+
4.	Shambukavarta	+	+	+	+	+	+	+
5.	Unmargi	+	+	+	+	+	+	+
6.	Parikshepi	-	+	+	-	+	-	-
7.	Riju	-	+	+	-	+	-	-
8.	Arsho	-	+	+	-	+	-	-

Sushruta and Vagbhata from surgical point of view depending on opening or BhagandaraNadi (fistulous track) the disease has been classified into two varieties.

1. Arvachina: Antarmukhi (Blind External)

2. Parachina: Bahirmukhi (Blind Internal)

Arvachina: In this, abscess located outside and track opens inside the Ano-rectal canal without external opening. It is called as Antarmukhi (Blind external)

Parachina: In this, cavity or abscess is situated inside and track opens outside without internal opening. That's why it is called as Bahirmukhi (Blind internal). Bhavaprakash and Yagaranakar have followed the same views of Madhavanidan.

Comparative Statement of Shataponaka Bhagandara by Different Authors

Features	Sushruta	Vagbhata	Madhav
1. Dosh	Vata	Vata	Vata
2. Dusya	Rakta, mamsa	Rakta, mamsa	-
3. Sthana (site)	Within one or two angulas	Within two angula of guda	Within two angula of guda
4. Colour of pidika	Aruna	Shyav, Aruna	-
5. Character of pain	Prickling, cutting, beating, splitting, biting, whipping	Prickling, twitching	Severe pain
6. Character of discharge	Thin, frothy, clear, copious abundant	Thin, frothy, abundant	Frothy
7. Colour of discharge	-	-	Aruna
8. Other features	Multiple openings in later stage discharge of flatus, urine and semen	Multiple openings	Multiple openings in later stage, discharge of urine faeces and semen

2. Ushtragreeva Bhagandara: The word Ushtragreeva literally denotes a Neck of Camel. According to Sushruta, the pidika (boil or abscess) of this type is red, thin and raised like the neck of camel. If these pidika neglected without treatment it get suppurate and bursts leads to UshtragreevaBhagander⁴. The formation of long linear tracts may be compared as camel's

Comparative Statement of Ushtragreeva Bhagandara by Different Authors

Features	Sushruta	Vagbhata	Madhav
1. Dosh	Pitta	Pitta	Pitta
2. Anubanda dosa	Vata	-	-
3. Dusya	Rakta, mamsa	Rakta, mamsa	-
4. Colour of pidika	Within one or two angulas of guda	Within two angula of guda	Within two angula of guda
5. Colour of dipika	Rakta	Rajani	Rakta
6. Character of pidika	Thin, elevated	Thin, small, warm, smoky and raised swelling	-
7. Character of pain	Ushna, chosha, burning pain like agni and kshara	-	-

Aetiopathogenesis of Different Types of Bhagandar

1. ShatponakaBhagander: Dalhanastated that shatponakameans an abscess which has multiple openings like a Chalanika (sieve) and is described under shukadosha as a disease. Thus fistulae and rectal sinuses which have got multiple small openings are preceded with perianal boils, no matter what course their track takes is called Shataponaka. Goligher describes such types of fistulae as follows "Multiple sinuses are often encountered and some times these are so numerous as to give the so called Watering can appearance".

neck. Madhavakar named it as ushtrashirodhar Bhagandra

Goligher has also recognized similar type of fistula and has described as follows – "in many long standing cases however the opening is situated on the summit of little or red nodule due to exuberant granulation tissues".

8. Character of discharge	Warm offensive smell	-	Warm offensive smell
9. Other features	Tiny boil raised like neck of camel late on discharge of flatus, faeces, urine and semen	Fever, raised like neck of camel	Boil suppurates

3. Parisravi Bhagandara: The term parisravi has been used because of the continuous discharging nature of wound. Sushruta has describe that provokedvayu carries the vitiated kapha at the area of guda and results Parisravi Bhagandara [4]. It may be classified under tubercular fistulae and sinuses. Generally it seem that their perianl boil takes long course to suppurate and burst, patients main complaints of itching and lubricous persistent discharge. Usually their track takes long horizontal or high rectal course.

Comparative Statement of Parisravi Bhagandara by Different Authors

Features	Sushruta	Vagbhata	Madhav
1. Dosh	Kapha	Kapha	Kapha
2. Anubandha dosa	Vata	-	-
3. Dushya	Rakta, mamsa	Rakta, mamsa	-
4. Sthana (site)	Within one or two angulas of guda	Within two angula of guda	Guda
5. Colour of dipika	Suklabhasa	Pandu	Suklabhasa
6. Character of pidika	Sthira (firm)	Sthira, snigdhamahamula (deeply situated)	Kathina (hard)
7. Character of pain	Kandu (Itching)	Kandu (Itching)	Kandu, Mandavedana
8. Character of discharge	Pichila (Sticky) constant discharge	Pichila, profuse discharge	Thick discharge
9. Other features	Form boil, hard and indurated ulcer later on discharge of flatus, faeces, urine and semen	Firm, shiny and deep rooted	Hard boil

4. Shambukavarta Bhagandara: The word Shambukavarta literally means “Ridges of a Conchshell” suggest that pathway of track is curved and deeper one looks like ridges of shanka. So it is called Shambukavarta [4].

According to Sushruta, the pidika in Shambukavarta is large in size and elevates resembles a padangusta (Big toe) pramana .This type is due to vitiation of all three doshas.

Features	Sushruta	Vagbhata	Madhav
1. Dosh	Vata, Pitta, Kapha	Vata, Pitta, Kapha	Vata, Pitta, Kapha
2. Dushya	Rakta, mamsa	-	-
3. Sthana (site)	Within one or two angulas of guda	-	-
4. Colour of dipika	Colour of previous all three pidikas	-	Bahuvarna (various colours)
5. Shape of pidika	Padangustapramana	Padangustapramana	Gosthanakara
6. Character of pain	Prickling, burning, itching	Severe pain	Severe pain
7. Character of discharge	Bahuvarnasrava (variegated colours)	-	Bahuvarnasrava (variegated colours)
8. Other features	Pain is like waves in PurnaNadiShambukavarta	Line of track Shambukavarta, shula, daha, arochaka, jwara	Nadi is like Shambukavarta

5. Unmargi Bhagandara: This type of bhagandara caused by tauma and there is no doshic involvement. Asthishalya or any foreign substance ingested with food which on reaching guda cause trauma to develop bhagandara [4]. In this media, krimi(maggots) burrows the anal canal and rectum through these openings flatus, faeces, urine semen and krimi discharged.

It is an internal sinus caused by tearing of the mucous membrane of anal canal whether by bone piece or hard scabaloids of stool and the contact of infectious substance promotes the suppuration and thus help in sinus and fistulae formation.

Comparative Statement of Unmargi Bhagandara by Different Authors

Features	Sushruta	Vagbhata	Madhav
1. Cause	AsthiShalya	AsthiShalya	AsthiShalya
2. Site	Guda	Guda	Guda
3. Number of openings	-	-	Multiple
4. Type of discharge	Vata, mutra, purisha, sukra, krimi	-do-	-do-

6. Parikshepi Bhagandra: It originates from vitiated vata and pitta. It manifesttamravarnapidika with burning sensation and pain in the perianal region⁴. The track is curved in this type. Arundutta and Industates that the track of ParikshepiBhagandra surrounds the Guda as the trench surrounds the fort. This seems to be a posterior horse-shoe ischio-rectal fistulae.

7. Riju Bhagandra: The vitiated vata and kapha produces the pidika, which later on suppurates and form a straight track in the perianal region. Because of its straight nature of track, it is called rjuBhagandara⁴. Fistulae arising from the anterior half of the anal canal are usually at right in nature can be compared as Rijubhagandara

8. Arsho Bhagandra: It was originated from vitiated kapha and which reaching at the base of arsha, produces whitishshoph which causes burning and itching pain. This swelling suppurates quickly to discharge continuously and Arshomoola becomes wet. The tract is present at the base of arsha and mixed type of discharges from multiple openings of the wound.

One of the most common type of fistula arises from the chronic tissues. Formation of a large laboursfleghy mass from the anal papilla on the dentate line at the upper end of the fissure in later stages. Infection of the sentinel pile which develops at the lower end the fissure at the anal verge may lead to the formation of a superficial fistul. This type of fistula can be compard as ArshoBhagandara.

Sadhyasadhyata(Prognosis): Bhagandra is diffcult to treat as described in Astamahagada. All the authors have considered Shambukavarta (Tridoshaya) and Unmargi(agantuga) are Asadhya while remaining are Kricha Sadhya.

Bhagandaras which discharges flatus, faeces, urine. semen and krimi are incurable. We can infer that ano-rectal, recto-vginal, recto-urethral fistulas are incurable. Any tract of Bhagandara which cross pravahanivali and sevani(perineum) are also incurable

The Management of Bhagandara can be Divided into the Following Groups

I. Preventive Measures: Nid neparivarjana: 2. Prevention of suppuration of pi ak (Boil)

II. Curative Measures: 1. Surgical methods, 2. Para surgical methods, 3. Medical treatment

I. Preventive Measures

1. Nid neparivarjana: The etiological factors of Bhagandara must be avoided

2. Prevention of suppuration of pi ak (Boil): V gbhata advised the measures like deha odhana, raktamok ana and pari eka

during the stage of pi ak to avoid suppuration^[3]. Su ruta has mentioned eleven measures of a tiupakram s in vra acikitsafor the treatment of Bhagandara. They are Apatarpa a, Abhyanga, Swedana, P cana, Visr va a, Snehana, odana lepa, Pari eka, Viml pana, Upan ha

II. Curative Measures

1. Medical Management: It is advocated in both Bhagandarapi ak stage and after surgical excision of the track. The aim of medical treatment in pi ak stage is to prevent the disease and its symptoms

2. Surgical Management: Though several types of treatment like Medical, parasurgicaletc have been described in yurvedic classics, but Main treatment of Bhagandara is Chedana karma (excision of entire tract) after probing it. The modern procedure of fistulectomy can be compared to it. The use of K raS tra in the management of Bhagandara is mentioned in Su rutasamhita in chapter Visarpa Nad Stanarogac kitsit Adhy ya^[4]. (Su.Chi.17 /29-32) Caraka also mentioned use of K ras tra in Bhagandara (Ch.Chi.12/17)³

Surgical Management

1.P rvakarma: includes Preparation of the patient: First of all written informed consent was taken. Before astrakarma, the patient was prepared with Snehana, Svedana (Avag hana), Langhana and Anulomana (M duVirecana).

2. Pradh na Marma: Chedana, General surgical procedures in Bhagandara: The patient should lie on the table in lithotomy position. Then anus should be lubricated and Bhagandara track is examined to decide whether the Bhagandara is Par c na (blind external) or Arv c na (blind internal). In case of Par c naBhagandara, the esha yantra (probe) is to be introduced into the external opening and whole track has to be excised from the root. But in case of Arv c na, Bhagandarayantra or ar oyantra which resembles modern proctoscope is introduced into the anal canal and patient should be asked to strain. During straining, the esha (probe) is introduced into the internal opening. Then the whole track has to be excised followed by cauterization with the help of k ra or agni. This technique of Su ruta is same as Fistulectomy

C. Pasc t karma (Post operative): After astrakarma, Bhagandara has to be treated according to vra acik ts i.e Use of vra a odhana and ropa a drugs for better healing of the wound.

Management of Specific Types of Bhagandara

1. ataponaka Bhagandara: The specific feature of this Bhagandara is presence of multiple openings on the external surface of skin. It has been suggested that one track should be excised at once and after the previous wound has healed, the remaining tracks should be operated similarly. If multiple tracks are excised by single incision such wound causes gudavid ranai.e causes injury to the rectal walls and sphincters and leads to impairment of sphincteric function and may lead to leakage of flatus, faeces, urine . Both Su ruta and V gbhata have described different types of incisions, which can be applied according to the situation of track, relation with the anal sphincters etc ^[4,5].

2. tragr vaBhagandara: No specific incision is described but simple excision of the track followed by application of k ra to remove the necrotic tissue. Su ruta has contraindicated the Agni for cauterization because Agni will aggravate the pitta do a ^[4].

3. Parisr v Bhagandara: In this type, first the track is located with probe, then it has to be excised and the wound should be cauterized with K ra or Agni. Later the wound is washed with warm water and vasti of warm anutaila is given. Different incisions are described by Su ruta according to nature of the track and patient.

4. amb k vartaBhagandara: It is considered as as dhya (incurable) for treatment because it is due to the vitiation of all the three do s. Hence, only conservative measures were described.

5. Unm rg Bhagandara: It is described as as dhya, even though management has been described by both Su ruta and V gbhata ^[4,5]. It is caused due to injury from foreign body hence the principle of treatment is excision of track and removal of foreign body followed by cauterization with Agni. Later k mihara drugs are applied locally and also taken internally.

6. Parik ep Bhagandara: V gbhata has suggested that it has to be treated on the lines of N divra a with k ras tra.

7. juBhagandara: No specific treatment is described for this Bhagandara. Therefore, it can be treated as the other simple types of Bhagandara.

8. Ar oBhagandara: It is the co existence of ar as along with Bhagandara. So, ar as should be treated first before treating Bhagandara.

ParaSurgical Measures: The main para surgical measures which have been employed in the treatment of Bhagandara are as follows: Raktamok ana (Blood Letting) Agni Karma

(Thermal Cauterization) K ra Karma
(Chemical Cauterization)

References

1. M dhavkara ri. (2003). *M dhavan d nam (Roga-Viniscaya) with Madhuko a*, Vijayraksita and ri Kanthadatta (Ed.) "Vimal " madhudh r hindi commentary by Dr. Brahmananda Tripath caukhambha subharti prakashana, Varanasi, p.170.
2. Bh vamisr ri. (1993). *Bh vaprak a edited with the vidyotin hindhi commentary* by Bhi agratna Pandit ri Brahma ankar Mi ra caukhambha Sanskrit sansthan, fifth Edition, Varanasi, p.406.
3. Agnivesha. (2005). *Caraka Samhita*, (Ed.) Vidyotini T ka by kasinath shastri and Gorkhnath Caturvedi, chaukhambha Bharti publication, Varanasi, p.378.
4. V dha Susruta. (2010). *Susruta Sa hita*, (Ed.) Ayurved tatva sandipika by Dr. Ambika Dutta Sastri, Chaukhambha Sanskrit Sansthan, Varanasi, p.7.
5. Laghu V gbha a. (2008). *A ng H dya*, (Ed.) Vidhyotini Tika by Atrideva Gupta, Caukhambha Prakasan, Varanasi, UP, p.750.